

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530838

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		1		1		
6	1		1			
7		1		1		
8		1		1		
9		3		1		
10		5		1		
11		5		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
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18		1		1		
19		1		1		
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23		1		1		
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29		1		1		
30		1		1		
31	1		1			
32		1		1		
33		1		1		
34		3		1		
35		3		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1		1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	49	←		←
TOTAL CLAIMS			52			